

Mr. Speaker, I yield back the balance of my time.

Mr. RAHALL. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from West Virginia (Mr. RAHALL) that the House suspend the rules and pass the bill, H.R. 3734.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

NATIONAL HEALTH CARE DECISIONS DAY

Mr. DINGELL. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 323) expressing Congressional support for the goals and ideals of National Health Care Decisions Day.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 323

Whereas National Health Care Decisions Day is designed to raise public awareness of the need to plan ahead for health care decisions related to end-of-life care and medical decision-making whenever patients are unable to speak for themselves and to encourage the specific use of advance directives to communicate these important decisions;

Whereas the Patient Self-Determination Act (42 U.S.C. 1395ccc(f) et seq.), guarantees patients the right to information about their rights under State law regarding accepting or refusing medical treatment;

Whereas it is estimated that only a minority of Americans have executed advance directives, including those who are terminally ill or living with life-threatening or life-limiting illnesses;

Whereas advance directives offer individuals the opportunity to discuss with loved ones in advance of a health care crisis and decide what measures would be appropriate for them when it comes to end-of-life care;

Whereas the preparation of an advance directive would advise family members, health care providers, and other persons as to how an individual would want to be treated with respect to health care;

Whereas to avoid any legal or medical confusion due to the emotions involved in end-of-life decisions, it is in the best interest of all Americans that each person over the age of 18 communicate his or her wishes by creating an advance directive;

Whereas the Conditions of Participation in Medicare and Medicaid, section 489.102 of title 42, Code of Federal Regulations (as in effect on the date of enactment of this resolution), require all participating facilities to provide information to patients and the public on the topic of advance directives;

Whereas the Centers for Medicare and Medicaid Services has recognized that the use of advance directives is tied to quality health care and has included discussions of advance directives in the criteria of the Physician Quality Reporting Initiative;

Whereas establishing National Health Care Decisions Day will encourage health care facilities and professionals as well as chaplains, attorneys, and others to participate in a collective, nationwide effort to provide clear, concise, and consistent information to

the public about health care decision-making, particularly advance directives; and

Whereas as a result of National Health Care Decisions Day, recognized on April 16, 2008, more Americans will have conversations about their health care decision, more Americans will execute advance directives to make their wishes known, and fewer families and health care providers will have to struggle with making difficult health care decisions in the absence of guidance from the patient: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) supports the goals and ideals of National Health Care Decisions Day;

(2) supports the goals and ideals of advance care planning for all adult Americans;

(3) encourages each person in the United States who is over the age of 18 to prepare an advance directive to assist his or her loved ones, health care providers, and others as they honor his or her wishes;

(4) calls upon all members of this body to execute such documents and discussions for themselves; and

(5) encourages health care, civic, educational, religious, and for- and non-profit organizations to encourage individuals to prepare advance directives to ensure that their wishes and rights with respect to health care are protected.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. DINGELL) and the gentleman from Georgia (Mr. GINGREY) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. DINGELL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. DINGELL. Mr. Speaker, at this time, I reserve the balance of my time. My good friend from Georgia, I know, has some important comments.

Mr. GINGREY. Mr. Speaker, I rise today in support of H. Con. Res. 323, expressing congressional support for the goals and the ideals of National Health Care Decisions Day.

National Health Care Decisions Day was recognized by hundreds of organizations across the United States last Wednesday, April 16, and it is appropriate for this body to stand with those organizations in recognition of this important day.

Mr. Speaker, first of all, though, I want to thank the distinguished chairman of the Energy and Commerce Committee, Mr. DINGELL, and his staff for their cooperation in helping us get this to the floor. I want to thank the ranking member, Mr. BARTON, and the minority staff and the 100 Members, many of them members of the Energy and Commerce Committee who are cosponsors of this resolution.

Mr. Speaker, the goals of the resolution are twofold. First, it aims to raise awareness of the importance for everyone at all stages of life to take the

time to discuss important end-of-life medical decisions with their loved ones.

Second, this resolution recognizes the emphasis of over 450 organizations spanning all 50 States that worked together on April 16 to educate Americans about their options in preparing advanced medical directives and appointing medical powers of attorney.

Of these groups, 75 are national organizations, including AARP, the American Bar Association, the American Medical Association, National Right to Life, and an additional 370 State and community organizations participated in the National Health Care Decisions Day efforts.

Mr. Speaker, as a result of the National Health Care Decisions Day, thousands of people across the country have received information on advanced directives through newspaper articles, television, and radio broadcasts, all released last week on April 16. I want to thank and congratulate all those involved for their hard work on this important cause. I am also proud of the broad bipartisan support this resolution has garnered.

Companion legislation sponsored by Senators WYDEN and ENZI has already passed the Senate, and now over 100, as I mentioned earlier, of my fellow House Members of both sides of the aisle have signed on to this resolution.

Mr. Speaker, I want to urge the American people to invest time and effort into seeking out information on advanced directives. Advanced directives allow individuals to maintain control over their health care decisions even at the end of their lives, regardless of the circumstances they may face at that time. And I also encourage Americans to educate themselves on the options and details of the various types of advanced directives so that their wishes may be correctly documented and carried out.

Let me be very clear: This bill does not express what an individual's end-of-life decision should be. Those are the decisions that should be left to the individual undertaking this difficult but important step.

This resolution merely seeks to raise awareness about advanced directives themselves. And that's why this resolution is being supported by such a diverse range of organizations. Educating individuals and making them aware of their choices is a key to respecting and preserving life.

Mr. Speaker, as a physician, I cannot stress enough that these decisions should be made with the input of medical professionals and should be accessible to the patient's doctor in the time of greatest medical need. Too many times, families are left to guess what medical decisions their family member would have wanted. Think about the Terri Schiavo case a couple years ago. But physicians are sometimes left to guess as well.

A recent study by the U.S. Agency for Health Care Research and Quality

found that 75 percent of physicians whose patients had advanced directives were not even aware that those directives existed. This is a problem, Mr. Speaker, and I hope that as we get electronic medical records and HIT, Health Information Technology, becomes more sophisticated and intraoperable, these advanced directives can be stored electronically and be made accessible to the medical staff in an instant, really, in a timely manner.

So, in conclusion, Mr. Speaker, I want to encourage all Americans to set aside time to have what may very well be one of the most vital conversations that any family can have.

I urge my fellow Members to vote in support of this resolution and to recognize the critical role of education in allowing Americans to effectively express their end-of-life wishes.

With that, Mr. Speaker, I reserve the balance of my time.

The SPEAKER pro tempore. Without objection, the gentleman from New York (Mr. TOWNS) will control the time.

There was no objection.

Mr. TOWNS. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise in strong support of H. Con. Res. 323, expressing congressional support for the goals and ideals of National Health Care Decisions Day.

As a cosponsor of this resolution, I understand the importance of making our health decisions clear to our family members and other loved ones through advanced directives. While it is very difficult for us to face the prospects of our own mortality, many of us write wills in order to ensure that our loved ones are adequately provided for in our absence. Unfortunately, we often do not take that care in making provisions regarding our end-of-life medical care.

Nobody can predict when disease, tragedy, or other medical conditions will render one unable to make medical decisions for ourselves. Accordingly, we must plan ahead in case of such a tragedy to ensure that our wishes are properly carried out.

Advanced directives are an integral part of any care-delivery plan. They are simply a statement by a competent person that articulates the medical, legal, and personal wishes regarding medical treatment in the event of future incapacity.

Where advanced directives are present, medical professionals, families, and loved ones are best able to make critical care decisions should a patient become unable to make sound judgments about their health care.

The resolution before us commemorates National Health Care Decisions Day on April 16, 2008. Although this specific day occurred last week, the goals and ideals of today should be recognized perpetually.

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This resolution encourages those 18 years of age and older to prepare ad-

vance directives. It also encourages medical, civic, educational, religious and other nonprofit organizations to promote advance directive preparation, particularly among their constituents.

I would like to thank my colleague on the other side of the aisle, Representative PHIL GINGREY, for his work in raising this important issue. Our colleagues in the Senate have already recognized the need to highlight advance directives, and I urge us here in the House to do the same.

Mr. Speaker, I reserve the balance of my time.

Mr. GINGREY. Mr. Speaker, I just want to thank my friend from New York for his support of this resolution. And again, I want to thank the chairman of the committee, Mr. DINGELL, for allowing this to be brought to the floor under suspension and for his support, and for the support of the majority staff, and also to my distinguished colleague, the ranking member of Energy and Commerce, Representative BARTON, and the minority staff.

I urge all of my colleagues to support the resolution, as Representative TOWNS just said.

Mr. Speaker, I yield back the balance of my time.

Mr. TOWNS. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. DINGELL) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 323.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

PROTECTING THE MEDICAID SAFETY NET ACT OF 2008

Mr. DINGELL. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5613) to extend certain moratoria and impose additional moratoria on certain Medicaid regulations through April 1, 2009, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5613

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Protecting the Medicaid Safety Net Act of 2008".

SEC. 2. MORATORIA ON CERTAIN MEDICAID REGULATIONS.

(a) EXTENSION OF CERTAIN MORATORIA IN PUBLIC LAW 110-28.—Section 7002(a)(1) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (Public Law 110-28) is amended—

(1) by striking "prior to the date that is 1 year after the date of enactment of this Act" and inserting "prior to April 1, 2009";

(2) in subparagraph (A), by inserting after "Federal Regulations" the following: "or in the final regulation, relating to such parts, published on May 29, 2007 (72 Federal Register 29748)"; and

(3) in subparagraph (C), by inserting before the period at the end the following: "including the proposed regulation published on May 23, 2007 (72 Federal Register 28930)".

(b) EXTENSION OF CERTAIN MORATORIA IN PUBLIC LAW 110-173.—Section 206 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110-173) is amended—

(1) by striking "June 30, 2008" and inserting "April 1, 2009";

(2) by inserting "including the proposed regulation published on August 13, 2007 (72 Federal Register 45201)," after "rehabilitation services"; and

(3) by inserting "including the final regulation published on December 28, 2007 (72 Federal Register 73635)," after "school-based transportation".

(c) ADDITIONAL MORATORIA.—

(1) IN GENERAL.—Notwithstanding any other provision of law, the Secretary of Health and Human Services shall not, prior to April 1, 2009, take any action (through promulgation of regulation, issuance of regulatory guidance, use of Federal payment audit procedures, or other administrative action, policy, or practice, including a Medical Assistance Manual transmittal or letter to State Medicaid directors) to impose any restrictions relating to a provision described in subparagraph (A), (B), or (C) of paragraph (2) if such restrictions are more restrictive in any aspect than those applied to the respective provision as of the date specified in paragraph (3) for such provision.

(2) PROVISIONS DESCRIBED.—

(A) PORTION OF INTERIM FINAL REGULATION RELATING TO MEDICAID TREATMENT OF OPTIONAL CASE MANAGEMENT SERVICES.—

(i) IN GENERAL.—Subject to clause (ii), the provision described in this subparagraph is the interim final regulation relating to optional State plan case management services under the Medicaid program published on December 4, 2007 (72 Federal Register 68077) in its entirety.

(ii) EXCEPTION.—The provision described in this subparagraph does not include the portion of such regulation as relates directly to implementing section 1915(g)(2)(A)(ii) of the Social Security Act, as amended by section 6052 of the Deficit Reduction Act of 2005 (Public Law 109-171), through the definition of case management services and targeted case management services contained in proposed section 440.169 of title 42, Code of Federal Regulations, but only to the extent that such portion is not more restrictive than the policies set forth in the Dear State Medicaid Director letter on case management issued on January 19, 2001 (SMDL #01-013), and with respect to community transition case management, the Dear State Medicaid Director letter issued on July 25, 2000 (Olmstead Update 3).

(B) PROPOSED REGULATION RELATING TO REDEFINITION OF MEDICAID OUTPATIENT HOSPITAL SERVICES.—The provision described in this subparagraph is the proposed regulation relating to clarification of outpatient clinic and hospital facility services definition and upper payment limit under the Medicaid program published on September 28, 2007 (72 Federal Register 55158) in its entirety.

(C) PORTION OF PROPOSED REGULATION RELATING TO MEDICAID ALLOWABLE PROVIDER TAXES.—

(i) IN GENERAL.—Subject to clause (ii), the provision described in this subparagraph is the final regulation relating to health-care-related taxes under the Medicaid program published on February 22, 2008 (73 Federal Register 9685) in its entirety.

(ii) EXCEPTION.—The provision described in this subparagraph does not include the portions of such regulation as relate to the following:

(I) REDUCTION IN THRESHOLD.—The reduction from 6 percent to 5.5 percent in the threshold applied under section 433.68(f)(3)(i) of title 42, Code of Federal Regulations, for determining whether or not there is an indirect guarantee to hold a taxpayer harmless, as required to carry out section 1903(w)(4)(C)(ii) of the Social Security Act, as added by section 403 of the Medicare